

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	No
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	No
Title::	ANGIOPLASTY METHOD AND MEANS FOR PERFORMING ANGIOPLASTY
Attorney Docket Number::	P06547US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	5
Small Entity?::	No
Petition included?::	No
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brien
Middle Name:: E.
Family Name:: PIERPONT
City of Residence:: St. Petersburg
State or Province of Residence:: Florida
Country of Residence:: US
Street of mailing address:: 2028 Brightwaters Blvd.
City of mailing address:: St. Petersburg
State or Province of mailing address:: Florida
Country of mailing address:: US
Postal or Zip Code of mailing address:: 33704

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IRELAND
Status:: Full Capacity
Given Name:: James
Middle Name:: A.
Family Name:: COYLE
City of Residence:: Somerville
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 430 Broadway, Apt. 2
City of mailing address:: Somerville
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02145

Correspondence Information

Correspondence Customer Number:: 34082
Name:: Zarley Law Firm, P.L.C.
Street of mailing address:: Capital Square, 400 Locust Street, Suite 200
City of mailing address:: Des Moines
State or Province of mailing
Address:: IA
Country of mailing address:: US
Postal Zip Code or mailing
Address:: 50309-2350
Phone number:: 515-558-0200
FAX number:: 515-558-7790
E-Mail address:: dzarley@zarleylaw.com

Representative Information

Representative Customer Number::	34082	
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Representative Designation::	Registration Number::	Representative Name::
Primary	18,543	Donald H. Zarley
Associate	45,253	Timothy J. Zarley
Associate	50,153	James J. Lynch
Associate	54,583	Scott R. Kaspar

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/446,001	02/07/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Pierpont Family Limited Partnership
Street of mailing address:: 2927 Brightwaters Boulevard
City of mailing address:: St. Petersburg
State or Province of mailing address:: Florida
Country of mailing address:: US
Postal or Zip Code of mailing address:: 33716

Assignee name:: Medtronic Vascular, Inc.
Street of mailing address:: 3576 Unocal Place
City of mailing address:: Santa Rosa
State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95403